



**TENNESSEE DEPARTMENT OF REVENUE
ELECTRONIC FUNDS TRANSFER
AGREEMENT**

- ☐ **Mandatory**
(Average tax payments of
\$10,000.00 or more)
- ☐ **Voluntary Participation**

**RETURN BY FAX TO:
STATE OF TENNESSEE
FAX NO. 615-532-2299**

COMPANY NAME: _____

Co. Contact Person: _____

COMPANY ADDRESS: _____

Phone Number: _____

CITY/ STATE/ ZIP: _____

FEIN: _____

ACCOUNT TYPE (Type of Tax): _____

TN Tax Acct#: _____

Please indicate your option and complete the information required with that option. Return this form within 10 days of receipt.
If ACH Debit is chosen, complete all banking information (signature required).
If ACH Credit is chosen, no further information necessary (signature required).

ACH Debit

ACH Credit

Checking

Savings

Bank Name: _____

Bank City, State: _____

American Bank Assoc.# _____

Bank Account Number: _____

Please attach one of the following types of bank verification: Copy of a voided check, deposit slip, bank specification sheet or letter from bank. If ACH Debit is chosen, the taxpayer hereby authorizes the Tennessee Department of Revenue to present debit entries into the bank account given above. These debit entries will pertain only to Electronic Funds Transfer Payments that the taxpayer has initiated.

FEDWIRE – USE ONLY AS EMERGENCY BACK-UP FOR ACH DEBIT OR CREDIT

Signature

Title

Date

For **SalesTax Accounts**: If you have outlets that are not required to use these Special Payment Procedures, but wish to include these outlets in the same EFT transaction as outlets that are required, please list all outlets on the attached page.

